

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10596316

FILING DATE

6-9-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	3		/			
9	3		/			
10			/			
11			/			
12			/			
13	1		/			
14	1		/			
15	1		/			
16			/			
17			/			
18			0			
19			0			
20			0			
21	1		/			
22	1		/			
23			/			
24	1		/			
25	1		/			
26	4		/			
27	4		/			
28	50		/			
29	01		/			
30	01		/			
31	01		/			
32	1		/			
33	1		/			
34	1		/			
35	3		/			
36	01		/			
37	1		/			
38	1		/			
39	1		/			
40	3		/			
41	01		/			
42						
43						
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48						
49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	51	←	37	←	←	
TOTAL CLAIMS	55	[QR]	41	[QR]	[QR]	[QR]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						